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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	The Bar Plan Mutual Insurance Company
<b>TOI/Sub-TOI:</b>	24.0 Surety/24.0000 Surety		
<b>Product Name:</b>	Surety Bonds		
<b>Project Name/Number:</b>	/		

## Filing at a Glance

Company:	The Bar Plan Mutual Insurance Company
Product Name:	Surety Bonds
State:	District of Columbia
TOI:	24.0 Surety
Sub-TOI:	24.0000 Surety
Filing Type:	Form
Date Submitted:	05/03/2018
SERFF Tr Num:	TBPC-131486427
SERFF Status:	Closed-APPROVED
State Tr Num:	
State Status:	
Co Tr Num:	29513/0001/29513
Effective Date	On Approval
Requested (New):	
Effective Date	
Requested (Renewal):	
Author(s):	Tracy Britt
Reviewer(s):	John Rielley (primary)
Disposition Date:	05/08/2018
Disposition Status:	APPROVED
Effective Date (New):	05/08/2018
Effective Date (Renewal):	05/08/2018

**State:** District of Columbia  
**TOI/Sub-TOI:** 24.0 Surety/24.0000 Surety  
**Product Name:** Surety Bonds  
**Project Name/Number:** /

**Filing Company:** The Bar Plan Mutual Insurance Company

## General Information

Project Name: Status of Filing in Domicile: Not Filed  
Project Number: Domicile Status Comments: Submitted Form Filing on May 3, 2018.  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 05/08/2018  
State Status Changed: Deemer Date:  
Created By: Tracy Britt Submitted By: Tracy Britt  
Corresponding Filing Tracking Number:  
Filing Description:  
Surety Form Filing of a Notary Bond Application

## Company and Contact

### Filing Contact Information

Kimberly Edgar, Compliance Analyst kmedgar@thebarplan.com  
1717 Hidden Creek Court 800-843-2277 [Phone] 128 [Ext]  
St Louis, MO 63131 314-965-7812 [FAX]

### Filing Company Information

The Bar Plan Mutual Insurance Company	CoCode: 29513	State of Domicile: Missouri
1717 Hidden Creek Court	Group Code: 1228	Company Type: Insurance
St Louis, MO 63131	Group Name: The Bar Plan	State ID Number:
(800) 843-2277 ext. 128[Phone]	FEIN Number: 43-1393691	

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

<b>SERFF Tracking #:</b>	TBPC-131486427	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	29513/0001/29513
<b>State:</b>	District of Columbia	<b>Filing Company:</b>	The Bar Plan Mutual Insurance Company		
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	John Rielley	05/08/2018	05/08/2018

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## Disposition

Disposition Date: 05/08/2018  
Effective Date (New): 05/08/2018  
Effective Date (Renewal): 05/08/2018  
Status: APPROVED

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Readability Certificate		Yes
Supporting Document	Copy of Trust Agreement		Yes
Supporting Document	Consulting Authorization		Yes
Form	Notary Bond Application	APPROVED	Yes

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## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	APPROVED 05/08/2018	Notary Bond Application	FA007	04/2018	ABE	New			Notary Bond App FA007.pdf

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

**The Bar Plan Surety and Fidelity Company**  
**The Bar Plan Mutual Insurance Company**

1717 Hidden Creek Court, St. Louis, Missouri 63131, (314) 965-3333, Fax (314) 965-7812 or  
Toll Free 877-553-6376, Fax (888) 658-6761

**Notary Bond Application**

Please print legibly or type

**Applicant Information**

Name of Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Bond Information**

State: \_\_\_\_\_

County: \_\_\_\_\_

Bond Amount: \_\_\_\_\_

Commission #: \_\_\_\_\_

Commission Dates: \_\_\_\_\_

**Employer Information**

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Position: \_\_\_\_\_

Delivery Method..... Regular Mail ☐ Priority ☐ Overnight ☐

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## Supporting Document Schedules

<b>Bypassed - Item:</b>	Readability Certificate
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Copy of Trust Agreement
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Consulting Authorization
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	